

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10830194**  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		2				
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TOTAL IND.	13					
TOTAL DEP.						
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP		IND		DEP	
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